Effective October 1, 2003 16 172 94												
											THAN ENTITY	
TC	TAL CLAIMS	13		·		F	RATE	FEE	7	RATE	FEE .	
FO	R	NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	385.00	OR	BASIC FEE	770.00	
то	TAL CHARGE	ABLE CLAIMS	13 minus 20≈					XS 9=		OR	X\$18=	
NC	EPENDENT C	LAIMS .	√ minus 3 =		• /		H	X43=		1	X86=	
MU	LTIPLE DEPE	NOENT CLAIM P	ESENT				-		 	OR		
. 15	the difference	in column 1 is	less than z	ero enter	*O* io column 2		L	145=		OR	+290=	
If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II							י	OTAL	1384	OR	TOTAL	
	C	S	MALL	ENTITY	OR	OTHER SMALL						
4		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO	BER	PRESENT EXTRA	. 1	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMEN	Total	. 22	Minus	-2	<u> </u>	- 2	3	13 g=	500	OR	150 1618=	
, me	Independent	. 3	Minus	6	3	•	1	X43=	<u> </u>	OR	200 200 200 200 200 200 200 200 200 200	
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1/20/06							Ŀ	YOYAL OIT, FEE			YOYAL ADDIT, FEE	
-	- 100	(Column 1)		(Colum		(Column 3)	_					
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM / +145= / OR +290=											/	
						·		TOTAL	1.	OB	TOTAL	/ · ·
		(Column 1)		 (Сојшт	20 2)	(Column 3)	ĄDD	NT. FEE (لسنسنا		AODIT. FEE	_
,	`	CLAIMS		HIGHE	ST				ADDI-	1		ADDI-
		REMAINING AFTER AMENDMENT		PAID F	USLY	PRESENT EXTRA	. П	ATE	TIONAL		RATE	TIONAL
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	FIRST PRESE	NTATION OF MU	ILTIPLE DE	PENDENT	CLAIM		F			OR	700	
18	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								·	OR	+290=	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT. FEE ADDIT. FEE												
	the "Highest Nur	mber Previously Paid ber Previously Paid	id For IN TH	IS SPACE is	less than	3. enter "3."			·····	•		

Application or Docket Number